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| Substitute for Form 1449/PTO      | Complete if Known    |                |
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| •                                 | Application Number   | 10/519744      |
| INFORMATION DISCLOSURE            | Filing Date          |                |
| STATEMENT BY APPLICANT            | First Named Inventor | Monique AUVRAY |
| (Use as many sheets as necessary) | Art Unit             |                |
|                                   | Examiner Name        |                |
| Sheet I of I                      | Attorney Docket      | 5284-50PUS     |
|                                   | Number               |                |

|                    |                          |   |            | U.S. PATE                      | NT DOCUMENTS                                       |   |
|--------------------|--------------------------|---|------------|--------------------------------|--|---|
| Examiner Initials* | Cite<br>No. <sup>1</sup> | Document Number  Number-Kind-Code 1(if known) |            | Publication Date<br>MM-DD-YYYY | Name of Patentee or<br>Applicant of Cited Document | Pages, Columns, Lines, Where Relevant<br>Passages or Relevant<br>Figures Appear |
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Examiner Signature Date Considered

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